

GYPSY MOTH SUPPRESSION PROGRAM EXPENDITURE SUMMARY

PERIOD 2:

July 1, 2006 through September 30, 2006

DATE ____/____/____ COUNTY _____ FEDERAL TAX I.D. Number _____

The following expenses were incurred solely for treatment of lands that qualify under the Michigan Gypsy Moth Cooperative program from July 1, 2006 through September 30, 2006.

| | | | |
|--|--------------|-------------|---|
| SALARIES & WAGES (position & number of staff) | | COST | |
| 1. | | \$ | |
| 2. | | \$ | |
| 3. | | \$ | SALARIES & WAGES TOTALS \$ _____ |
| | | | |
| | | | |
| FRINGE BENEFITS (positions & number of staff) | | COST | |
| 1. | | \$ | |
| 2. | | \$ | |
| 3. | | \$ | FRINGE BENEFITS TOTALS \$ _____ |
| | | | |
| | | | |
| TRAVEL VEHICLES | MILES | RATE | TRAVEL VEHICLES TOTALS \$ _____ |
| | | | |
| EQUIPMENT ITEMS | | COST | |
| 1. | | \$ | |
| 2. | | \$ | |
| 3. | | \$ | EQUIPMENT ITEMS TOTAL \$ _____ |
| | | | |
| | | | |
| GENERAL EXPENDITURES: | | COST | |
| 1. SUPPLIES _____ | | \$ _____ | |
| _____ | | \$ _____ | |
| _____ | | \$ _____ | |
| 2. TELEPHONES | | \$ | |
| 3. PRINTING POSTAGE | | \$ | |
| 4. EDUCATION PROGRAMS | | \$ | |
| 5. GIS/GPS (digitizing) | | \$ | |
| 6. MISCELLANEOUS _____ | | \$ _____ | MISCELLANEOUS TOTAL \$ _____ |
| _____ | | \$ _____ | |
| | | | |
| SUB TOTAL | | | \$ _____ |

| | | |
|--|--|--|
| <p>INDIRECT ITEMS: 7.72% (indirect rate for FY2006)</p> <p>_____</p> <p>_____</p> <p style="text-align: center;">INDIRECT CHARGES TOTAL</p> <ul style="list-style-type: none"> If your "Indirect Charges Total" is less than the "Allowable Indirect Charges", then enter the "Indirect Charges Total" in the "Reimbursable Indirect Charges" field". If your "Indirect Charges Total" is more than the "Allowable Indirect Charges", then only enter the allowable amount in the "Reimbursable Indirect Charges" field. | <p style="text-align: center;">COST</p> <p>\$ _____</p> <p>\$ _____</p> <p>\$ _____</p> | <p>To calculate Allowable Indirect Charges: (Subtotal-above)</p> <p style="text-align: center;"> $\frac{\text{Subtotal-above}}{\text{Indirect Rate}} \times 7.72\%$ </p> <p>= (Allowable Indirect Charges) = _____</p> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p>REIMBURSABLE INDIRECT CHARGES \$ _____</p> </div> |
| <p>GRAND TOTAL EXPENDITURES \$ _____</p> <p>(Subtotal + Reimbursable Indirect Charges)</p> | | |

GYPSY MOTH SUPPRESSION PROGRAM EXPENDITURE SUMMARY

July 1, 2006 through September 30, 2006

PERIOD 2

Submit expenditures to: Michigan Department of Agriculture (MDA) / Pesticide & Plant Pest Management Division

Attn: Sherri Fedewa, 525 W. Allegan St., Lansing, MI 48933 (517) 335-0880 FAX (517) 335-4540

TOTAL OF SIGNED COUNTY GRANT AGREEMENT: \$ _____

COUNTY TOTAL EXPENDITURES FOR PERIOD 1: \$ _____

COUNTY TOTAL EXPENDITURES FOR PERIOD 2: \$ _____

GRAND TOTAL EXPENDITURES FOR PERIOD 1 & 2: \$ _____

Reimbursement: *Based on the 2006 Reimbursement Policy and Expenditure Summary Instructions:

Period 1 (October 1, 2005 - June 30, 2006): Reimbursement for incurred eligible expenses will be calculated at 50% of \$100 per acre treated up to a \$50,000 cap. For programs that treat more than 10,000 acres the reimbursement will be capped at 50% up to \$80,000 in eligible expenses.

Period 2 (July 1, 2005- September 30, 2006): Total eligible reimbursable expenses incurred during this period will be the basis for reimbursement up to the above identified cap according to available federal cost share dollars.

***TO CALCULATE "APPROVED ELIGIBLE ADMINISTRATIVE COSTS" (follow steps below):**

Enter Grand Total Expenditures: \$ _____ Enter Total Acres: _____
(STATE REIMBURSES 50% COST SHARE OF YOUR MAXIMUM ELIGIBLE ADMINISTRATIVE COSTS)

STEP 1: (Grand Total Expenditures for Period 1&2) \$ _____ divide (Total acres) _____ = (Adm Cost Per Acre) _____.

- If Adm cost per acre exceeds \$100:
(Grand Total Acres) _____ x \$100 = Maximum Eligible Adm Costs \$ _____.
- If Adm cost per acre does not exceed \$100:
(Grand Total Expenditures) \$ _____ = Maximum Eligible Adm Costs.

STEP 2: (Grand Total Expenditures for Period 1 & 2) \$ _____.

- If Grand Total Expenditures exceeds \$50,000 (cap) then \$50,000 is the Maximum Eligible Administrative Costs.
- If Grand Total Expenditures does not exceed \$50,000 (cap), then Total Expenditures is the Maximum Eligible Administrative Costs.

STEP 3: (Grand Total Expenditures for Period 1 & 2) \$ _____.

- If Total Acres exceed 10,000 acres, Grand Total Expenditures up to \$80,000 (cap) is the Maximum Eligible Administrative Costs.

MAXIMUM ELIGIBLE

ADMIN COSTS: \$ _____

APPROVED ELIBIBLE

ADMIN COSTS (50%) \$ _____

PERIOD 1 - PAYMENT: \$ _____

PERIOD 2 -PAYMENT: \$ _____

TOTAL FOR PERIOD 1 & 2: \$ _____

(Subtract Period 1 from Approved Eligible Adm Cost)

CERTIFICATION:

Certify that I am authorized to sign on behalf of the grantee and that the aforementioned is a TRUE and correct statement of expenditures and collections for the reporting period. In addition, I certify that all expenses reported were incurred for work performed on lands that are eligible and qualified as specified by the Michigan Department of Agriculture (MDA). Appropriate documentation is attached to support costs and receipts.

Printed Name: _____ Title: _____

Signature: _____ Date: _____